

## **Grantee State**

**In which state is the grantee located?** Nevada  
**(for multiple state selections hold CTRL+Key)**

## Grantee Information

**Grantee Name** Las Vegas  
**Name of Organization or Department Administering Funds** City of Las Vegas Neighborhood Services Dept  
**Organizational DUNS#:** 030381610  
**Grant Number** S09-MY-32-0001  
**Grant Amount** \$2,105,118  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** NV-500 - Las Vegas/Clark County CoC  
**Identify the Field Office** San Francisco

### HPRP Contact Name

**Prefix** Ms.  
**First Name** TARA  
**Middle Name**  
**Last Name** ULMER  
**Suffix**  
**Title** SENIOR SPECIALIST

### HPRP Contact Address

**Street Address 1** 400 STEWART AVENUE  
**Street Address 2** NEIGHBORHOOD SERVICES 2ND FLOOR  
**City** LAS VEGAS  
**State** Nevada  
**ZIP Code** 89101

**Phone Number** 702-229-5390  
**Format: 123-456-7890**

### Extension

**Fax Number** 702-598-3938  
**Format: 123-456-7890**

**Email Address** tulmer@lasvegasnevada.gov  
**Confirm Email Address** tulmer@lasvegasnevada.gov

## Report Period and Status

**Select the Reporting Period for this Performance Report** 07/01/09 - 09/30/09

**Indicate Report Type** QPR

**Indicate Performance Report Status** Final

## Persons and Households Served

### Instructions:

In the first row ("Total Served"), enter the total unduplicated number of persons and households served with HPRP Homelessness Prevention Assistance and HPRP Homeless Assistance (Rapid Re-Housing) in the current quarter and for the grant to date. In the rows under "Total Served by Activity (#)," enter the number of persons and households served with each type of assistance.

### Total Served

Homelessness Prevention  
Homeless Assistance  
TOTAL

Total Served	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	
Total Served	0		0		0		0		0		0		

### Total Served by Activity (#)

Homelessness Prevention  
Homeless Assistance  
TOTAL

Activities	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	

Financial Assistance													
Rental assistance	0		0		0		0		0		0		
Security and utility deposits	0		0		0		0		0		0		
Utility payments	0		0		0		0		0		0		
Moving cost assistance	0		0		0		0		0		0		
Motel & hotel vouchers	0		0		0		0		0		0		
Total-Financial Assistance	0		0		0		0		0		0		

<b>Housing Relocation &amp; Stabilization Services</b>											
Case management	0		0		0		0		0		0
Outreach and engagement	0		0		0		0		0		0
Housing search and placement	0		0		0		0		0		0
Legal services	0		0		0		0		0		0
Credit repair	0		0		0		0		0		0
<b>Total-Housing Relocation &amp; Stabilization Services</b>	0		0		0		0		0		0



<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Institutional Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Miscellaneous</b>						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	<b>0</b>		<b>0.00%</b>	<b>0</b>		<b>0.00%</b>

## Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

Enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%



Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

## Expenditures by Activity

### Instructions:

In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date.

### Expenditures (\$)

Financial Assistance  
Housing Relocation & Stabilization Services  
Data Collection & Evaluation  
Administration  
TOTAL

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	0	0	0	0	0	0
Housing Relocation & Stabilization Services	0	0	0	0	0	0
Data Collection & Evaluation					0	0
Administration					300	300
TOTAL					300	300

## Grant Allocation

**Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees?** Yes

### Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee (s) / Contractor s(s)	Total
Financial Assistance	\$1,233,540.00	\$0.00	\$1,233,540.00
Housing Relocation and Stabilization	\$666,322.10	\$0.00	\$666,322.10
Data Collection and Evaluation	\$100,000.00	\$0.00	\$100,000.00
Administration	\$105,255.90	\$0.00	\$105,255.90
<b>Total</b>	<b>\$2,105,118.00</b>	<b>\$0.00</b>	<b>\$2,105,118.00</b>

<b>HPRP Grant Amount</b>	<b>\$2,105,118</b>
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## Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	Subgrantee List	10/09/2009

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## Attachment Details

Click on [HPRP Subgrantee List Template](#) on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the [Browse](#) button. Excel and zip are the only file types allowed.

**Document Description:** Subgrantee List

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## Homelessness Prevention - Other Risk Factors to be Used

**For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance?** Yes

**If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).**

Located within the heart of city limits there exist a concentration of homeless encampments, shelters and social services to assist individuals, families and women fleeing domestic violence situations. The City of Las Vegas has made a concerted effort to assist these hard-to-serve population groups in securing housing and related supportive services, however, limited funding/staffing have forced the City of Las Vegas to concentrate its efforts by assisting populations that are located within city limits. Thus, we have added the priority of service requirement that potential clients must have originated from within city limits and coupled this requirement with the established HPRP guidelines. These clients will be entitled to receive all of the benefits outlined in the Act. We also work closely with other jurisdictions within our region who have received the same funds as a "No Wrong Door" partner to assist clients no matter where they originate from and will manage through our regional CoC HMIS.

## HMIS Plan for Entering Data

**Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR?** Yes

**If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).**

The city of Las Vegas will use the HMIS utilized by our local CoC which serves Southern Nevada. The HMIS Administrator is developing reporting functionality to identify missing data elements and program utilization for HPRP funded programs. The Reports will be run on a weekly basis by administrative staff to ensure data completeness and accurate reflection of participation.

**If no, briefly describe the HMIS(s) and/or other comparable client-level database(s) that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).**



## **Authorizing Information and Certification**

**The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.**

**Name of Authorized Grantee Official** Stephen K. Harsin

**Title/Position** Neighborhood Services Director

**I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).**

**Check for Certification** ☒

## Summary

Part	Last Updated
<b>Grantee State</b>	No Input Required
<b>Grantee Information</b>	10/20/09 4:26 PM
<b>Report Period and Status</b>	10/20/09 4:32 PM
<b>Persons and Households Served</b>	10/20/09 4:03 PM
<b>Housing Outcomes Homelessness Prevention</b>	10/20/09 4:21 PM
<b>Housing Outcomes Homeless Assistance</b>	10/20/09 4:03 PM
<b>Expenditures by Activity</b>	10/20/09 4:20 PM
<b>Grant Allocation</b>	10/20/09 4:33 PM
<b>Subgrantee/Contractor List Attachment</b>	10/20/09 4:03 PM
<b>Projected Persons and Households to be Served</b>	10/20/09 4:11 PM
<b>Homelessness Prevention Risk Factors</b>	10/20/09 4:18 PM
<b>HMIS Plan for Entering Data</b>	10/20/09 4:17 PM
<b>Authorizing Information and Certification</b>	10/20/09 4:28 PM